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| | 20751171 | TALL HAZADBOHS WASTE SITE | | | | | REGION SITE NUMBER | | | |
|--|--------------|---------------------------|--|---|--------------------------------|---------------|--------------------|----------------|---------------------------------------|--|
| POTENTIAL HAZARDOUS WASTE SITE | | | | | | T | TITION | | | |
| TINAL STRATEGI DETERMINATION | | | | | | | Y IN0000 10091 | | | |
| File this form in the regional F System; Hazardous Waste Enfo | | | | | | | otection Ag | ency; Site | Tracking | |
| | | I. SIT | E IDENT | FICATION | | | | | · · · · · · · · · · · · · · · · · · · | |
| A. SITE NAME | ···· 7 | B. STREET | | | | | | | | |
| INDIANA STEE | C 4 6011 | KE CO | <u>, </u> | D STATE | OOD EAST JACKSON IE. ZIP CODE | | | | | |
| MUNCIE | | | | D. STATE | DIANA | 7. | | | | |
| | | | | RMINATION | | | | | | |
| Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes. ACTION AGENCY | | | | | | | | | | |
| | RECOMMENDATI | ON | | | MARK'X' | EPA | STATE | LOCAL | PRIVATE | |
| A. NO ACTION NEEDED | | | | | $ \chi $ | | × | | | |
| B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.) | | | | | | | | | | |
| C. REMEDIAL ACTION (If yes, complete Section IV.) | | | | | | | | | | |
| D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.) | | | | | | | | | | |
| E. RATIONALE FOR FINAL STR | | | | • | 4 | ٠, | | | | |
| State inspects | in disc | losed | mo | proble | mj 2 | ite e | cover | 221 | | |
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| | | | | *** | r | | EPA REGIO | n 5 Records | Ctr. | |
| | | | | | | | | | fi . | |
| 303730 F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE | | | | | | | | | | |
| THE DATE PREPARED (mo., | day, & yr.) | CREPARED, | 3FECIF! | | ED (mo., da) | | O DECK TIE | , 5, 20, | | |
| | | | | | | | | | | |
| H. PREPARER INFORMATION | | · | | <u> </u> | · | | | | | |
| | | |] - | ONE NUMBER 3. DATE(mo., day, | | | | | | |
| Taul Nimock 880 | | | | 886 | -6710 1-28-81 | | | | | |
| III. RE/ | MEDIAL ACTIO | NS TO BE T | TAKEN W | HEN RESOUR | CES BECC | ME AVAI | LABLE | | | |
| List all remedial actions, such for a list of Key Words for each remedy. | | | | | | | | | | |
| A. REMEDIAL ACT | ION | В | . ESTIMAT | ED COST | | c | REMARKS | | | |
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D. TOTAL ESTIMATED COST

| IV. REMEDIAL ACTIONS | | | | | | | | |
|---|--|--|---|---|--|--|--|--|
| A. SHORT TERM/EMERGENCY ACTIONS (On Site and Olf-Site): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below. | | | | | | | | |
| 1. ACTION | 2. ACTION START DATE (mo,day,&yr) | 3. ACTION END DATE (mo,day,&yr) | 4. ACTION AGENCY (EPA, State, Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED. | | | |
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| B. LONG TERM STRATEGY (On Site and Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below. | | | | | | | | |
| 1. ACTION | 2. ACTION START DATE (mo, day, &yr) | 3. ACTION END DATE (mo,day,&yr) | 4. ACTION AGENCY (EPA, State Private Party) | 5. COST | 6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED. | | | |
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| C. MANHOURS AND COST BY | ACTION AGE | ENCY | | | | | | |
| 1. ACTION AGENCY | | | | 2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES | 3. TOTAL COST FOR REMEDIAL ACTIVITIES | | | |
| 8. EPA | | | | | \$ | | | |
| b. STATE | | | | | \$ | | | |
| c. PRIVATE PARTIES | | | · | \$ | | | | |

EPA Form T2070-5 (10-79) REVERSE